## STATE OF CALIFORNIA DEPARTMENT OF INSURANCE

<u>Certificate of Exemption</u>
(California Insurance Code Section 1749.01)

Iag	ree to sell only s	specific life			
(agent)					
insurance policies or annuitie	es which have an in	nitial face			
amount of fifteen thousand dol	llars (\$15,000.00)	or less and are			
designated by the purchaser for	or the purpose of p	paying funeral			
and burial expenses. If at an	ny time, while I ar	m appointed to			
act as an agent for	I show	uld sell any			
insurance product (insur	cer) other	than that			
specified above, I will notify	y the California De	epartment of			
Insurance immediately in writing	ing. I understand	that my			
compliance with this agreement	exempts me from t	the			
requirements specified in Cali	ifornia Insurance (	Code Sections			
1749 and 1749.3.					
Dated on this	day of	,20			
_					
	(Agent)				
-		hereby			
certifies that	(insure	r)			
(agent)	will	sell only			
specific life insurance polici	ies or annuities wh	hich have an			
initial face amount of fifteer	n thousand dollars	(\$15,000.00) or			
less and are designated by the	e purchaser for the	e purpose of			
paying funeral and burial expe	enses. The unders	igned insurer			
also certifies that it will no	ot accept any non-o	complying			

business produced by the above-named agent and agrees to notify the California Department of Insurance in writing if the above-named agent submits any such business to the undersigned insurer. The insurer also agrees to notify the California Department of Insurance in writing in the event that this agreement between the agent and the insurer is terminated, amended, modified or changed in any manner. I understand that the agent's compliance with the above agreement shall exempt him/her from the requirements of specified in California Insurance Code Section 1749 and 1749.3.

I also understand that completion of this form by the insurer satisfies the requirements of California Insurance Code Section 1749.01.

Dated o	n t	his	 date	of			_,20	_·
			By					
			-			nature		
				( )	Name -	Print	or Type)	
				(	 Positic	on/Tit	 le)	

Form 427-10 (01/2003)